

00- R-2025

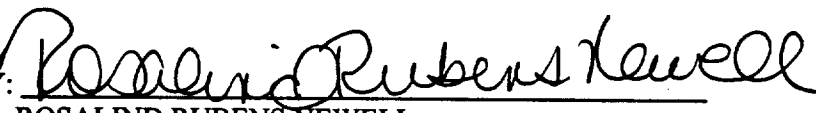
CLAIM OF: TERESA GANT
1357 Willow Trail
Atlanta, Georgia 30311

For vehicular damage alleged to have been sustained during painting of roadway markings on November 10, 2000 at Venetian Road near 1357 Willow Trail.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **TERESA GANT** the sum of **\$1,404.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular damage alleged to have been sustained during painting of roadway markings on November 10, 2000 at Venetian Road near 1357 Willow Trail as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0864

Date: November 30, 2000

Claimant /Victim TERESA GANT

BY: (Atty) (Ins. Co.) _____

Address: 1357 Willow Trail, Atlanta, Georgia 30311

Subrogation: _____ Claim for Property damage \$ 2,800.00 Bodily Injury \$ _____

Date of Notice: 12/20/99 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/10/99 Place: Venetian Road near 1357 Willow Trail

Department Department of Public Works Division Traffic and Transportation

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained vehicular damage when she drove over roadway marking paint that had been applied by city workers. The City had failed to post signs to alert motorists of wet paint.

INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

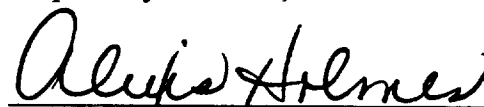
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,404.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: _____ Concur/date _____

Committee Action: _____ Council Action _____

RECEIVED DEC 20 1999

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12-17-99

Jordan
12/20/99
DM

ENTERED - 12-27-99 - SB
99L0864 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2800.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11-10-99
(month/day/year)
2. Police called: X
Yes No
3. Location of incident: Venetian Rd & Willow Trail
GABD113102469
4. Name of your insurance company: Direct General Policy No. _____
5. State what and how incident occurred: City was painting the two streets listed above. They didn't post any warning or caution signs.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Prism 99 024105215
(make) (year) (tag number) (driver's name)
City vehicle: _____
(make) (City driver's name) (department/bureau)
8. Witness: _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Teresa Gant
(claimant's name)

1357 Willow Trail
(address)

Atlanta, GA 30311
(city and state)

00-R-2025

904 753-0715
(work number) (home number)